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COMBINED DECLARATION & POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Nu	Attorney Docket Number			3UTIL		
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			Application Number	Initia	Initial Filing				
X	Declaration Submitted with Initial	Su Fili (37	Declaration Submitted after Initia	Filing Date	12/3	12/31/2003			
			Filing (surcharge (37 CFR 1.16 (e))	Art Unit	Una	Unassigned			
	Filing		required)	Examiner Name	e Unassigned				
My resider I believe I		ind citizen st inventor	ship are as stated be of the subject matter	low next to my name. which is claimed and for w Membrane Target					
			(Title	of the Invention)					
he specifi	cation of which								
X is at	ttached hereto								
OR				_					
was	filed on (MM/DD/YYY)	Y)		as United States A	Application N	Number or l	PCT Internat	tional	
Application	n Number		as amended	by the amendment dated		· · · <u>-</u> ·			
	ate that I have reviewed dment specifically refer			of the above-identified sp	ecification, i	ncluding th	e claims, as	amended by	
application	edge the duty to disclos as, material information al filing date of the con	which be	came available betwe	to patentability as defined een the filing date of the pr	in 37 CFR ior application	1.56, includence on and the	ling for conti national or F	nuation-in-pai PCT	
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application	identified above, and	to transac	ct all business in the U	AKER & McKENZIE, as my Jnited States Patent and T r application number, abov	rademark O	ffice conne			
		F	OREIGN APPLI	CATION PRIORITY	CLAIM				
oreeder's States of <i>i</i>	rights certificate(s), or America, listed below	365(a) of and have	f any PCT internation also identified below	d) or (f), or 365(b) of any fo al application which design, by checking the box, an atton having a filing date t	nated at lea y foreign ap	ast one con oplication for	untry other to or patent, in	han the Unite ventor' or pla	
	oreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priori Not Clai	۱ ۲۰	Certified Co YES	py Attached	
				· · · · · · · · · · · · · · · · · · ·				NO	

DECLARATION & POWER OF ATTORNEY - Utility or Design Patent Application								
Direct all correspondence Customer Number or Bar Code Label 2 3 5 6 2 OR Correspondence address below								
Name William D. McSpadden								
Address								
City		S	itate			ZIP		
Country	Telephone 214/97	78-3000			Fax	214/978-3099		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Harry R. Family Name Rieger or Surname								
Inventor's Signature Date								
San Diego CA Residence: City State			US Country			US Citizenship		
17127 Pomerado Way								
city San Diego	State CA		zip 92128		Country US			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
· ·			Family Name Turcu or Surname					
Inventor's Signature					Date			
Residence: City State		Country			Citizenship			
Mailing Address								
City	State	Z	ZIP		Country			
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Jim Given Name			Morris Family Name or Surname				
Inventor's Signature					Date		
Encinitas Residence: City	CA State		JS ountry	US Citizenship			
1386 Diamond Head Drive Mailing Address							
Mailing Address							
_{city} Encinitas	CA State	9	92024 US ZIP Country				
Name of Additional Joint Inventor, if any:							
Given Name			family Name or Surname				
Inventor's Signature					Date		
Residence: City	City State C				Citizenship		
Mailing Address							
Mailing Address							
City	State ZIP			Coun	Country		
Name of Additional Joint Inventor, if ar	ıy:		A petition has been fi	led for thi	s unsigned inventor		
Given Name			nily Name Surname				
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address		· <u>-</u> .	T				
City	State		ZIP	c	ountry		

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